

**SOUTH CAROLINA BUDGET AND CONTROL BOARD
EMPLOYEE INSURANCE PROGRAM**

EMPLOYMENT RECORD

NAME _____ SOCIAL SECURITY NUMBER _____

TELEPHONE NUMBER () _____ DATE OF BIRTH _____

TERI PARTICIPANT : ____ Yes ____ No

DATE OF RETIREMENT _____ SERVICE RETIREMENT _____ DISABILITY RETIREMENT _____
(ATTACH APPROVAL LETTER)

CHECK ALL THAT APPLY : ____ South Carolina Retirement System ____ Police Officers Retirement System
____ General Assembly Retirement System ____ Judicial Retirement System

PLEASE INDICATE IN THE APPROPRIATE SPACES ALL SERVICE CREDITED WITH THE SOUTH CAROLINA RETIREMENT SYSTEMS AND/OR WITH LOCAL SUBDIVISIONS PARTICIPATING IN THE STATE EMPLOYEE INSURANCE PROGRAM.

CURRENT STATE EMPLOYER (Name of Agency, School District or Local Subdivision)	DATES OF EMPLOYMENT		Full Time	Part Time	SERVICE CREDIT		
	FROM	TO			YEARS	MONTHS	DAYS
EMPLOYER UNDER TERI							

*PLEASE INDICATE ADDITIONAL STATE AGENCY, SCHOOL DISTRICT OR LOCAL SUBDIVISION SERVICE CREDIT.

*PLEASE INDICATE TYPE (S) OF SERVICE ESTABLISHED IN ANY OF THE SOUTH CAROLINA RETIREMENT SYSTEMS.

Total years of service credit	→					

* SEE INSTRUCTIONS AND DESCRIPTIONS ON REVERSE SIDE OF FORM

THIS FORM IS USED BY THE EMPLOYEE INSURANCE PROGRAM FOR VERIFICATION OF YOUR ELIGIBILITY FOR STATE RETIREE INSURANCE BENEFITS. FAILURE TO COMPLETE THIS FORM WILL DELAY YOUR ENROLLMENT.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE AND ALL REQUESTED INFORMATION IS ATTACHED OR WILL BE PROVIDED.

ENROLLEE SIGNATURE _____ DATE _____

Revised 9/2001

INSTRUCTIONS ON BACK

INSTRUCTIONS AND DESCRIPTIONS

INSTRUCTIONS:

1. The Employment Record must be completed in its entirety. Please provide all information applicable to your eligibility for coverage under the state retiree insurance program.
2. List all employers under which you received service credit through the South Carolina Retirement Systems. Please include service time established: military, withdrawal, non-qualified, out-of-state, federal, etc. Attach a copy of the South Carolina Retirement Systems notification letter acknowledging the service being established.
3. Please sign and return the Employment Record, along with the completed Retiree Notice of Election form, to:
EMPLOYEE INSURANCE PROGRAM
P. O. Box 11661
Columbia, SC 29211

DESCRIPTIONS:

The types of service that can be established with the South Carolina Retirement Systems are described below.

Types of Service

- **Public Service** Any period of paid public service (service as an employee of the government of the United States, a state, or a political subdivision of the United States). You may not purchase service for a period of public service for which you also may receive a retirement benefit from another retirement plan. Student employment (other than bus driver) is not eligible for purchase.
- **Educational Service** Any period of paid classroom teaching consisting of grades kindergarten through 12 in a public, private, or sectarian school. You may not purchase service for a period of educational service for which you also may receive a retirement benefit from another retirement plan.
- **Military Service** Any period of military service up to six (6) years, including National Guard and Select Reserves. Discharge from service must be under conditions other than dishonorable.
- **Leave of Absence** Any period of employer approved leave up to a maximum of two (2) years per leave of absence. The leave of absence must be with an employer participating in the South Carolina Retirement Systems.
- **Previously Withdrawn Service** Any period of service previously withdrawn. The reestablished service must be earned service to qualify toward the required five (5) year minimum for retirement benefit eligibility.
- **Non-Qualified Service** Any period of service up to a maximum of five years. **If you have five (5) years of earned service, you are eligible to purchase non-qualified service.**
- **Special Monthly Contributor** An option available to SCRS members with at least 25 years of service credit through which the member may elect to receive up to three additional years of service credit by paying the employee and employer Contributions based on the salary level in effect during those years. Contributions under this program begin at the time of termination from covered employment.

Other Descriptions

TERI	Teacher and Employee Retention Incentive program
TERI Employer	Agency with whom you are employed under the TERI provision
Local Subdivision	Any participating entity covered by local rather than state jurisdiction